

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 039 ***150.00

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DOCUMENT # L83816

1. Entity Name

BARRY G. RODERMAN AND ASSOCIATES, P.A.



Principal Place of Business

**4801 N. FEDERAL HIGHWAY
SUITE 440
FT. LAUDERDALE FL 33308
US**

Mailing Address

**888 E. LAS OLAS BLVD.
STE 601
FORT LAUDERDALE FL 33301
US**

2. Principal Place of Business

888 East Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.

#601

City & State

Ft. Lauderdale, FL

City & State

FL

Zip

33301

Country

USA

Zip

33301

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0242388**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODERMAN, BARRY G.

4801 N. FEDERAL HIGHWAY

SUITE 440

FT. LAUDERDALE FL 33308

Name **Barry G. Roderman**

Street Address (P.O. Box Number is Not Acceptable) **888 E. LAS OLAS BLVD. #601**

City **Ft. Lauderdale** **FL** Zip Code **33301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RODERMAN, BARRY G.**
STREET ADDRESS **888 E. LAS OLAS BLVD., STE 601**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/29/03

CR2E034 (10/02)